

# APPLICATION TO ACT AS MATRON/CHAPERONE



## Children and Young Persons Act 1963 The Children (Performances and Activities) (England) Regulations 2014

“The licensing authority must not approve a person as a chaperone unless it is satisfied that the person — (a) is suitable and competent to exercise proper care and control of a child of the age and sex of the child in question; and (b) will not be prevented from carrying out duties towards the child by duties towards other children.” [The Children (Performances and Activities) (England) Regulations 2014, Part 3, 15(4)]

“Any person who knowingly or recklessly makes any false statement in or in connection with an application for a licence, shall be liable in summary conviction to a fine not exceeding £1,000 or imprisonment for a term not exceeding three months or both” [Children and Young Persons Act 1963, Part II, Section 40]

All information given in this application form will be treated in confidence, other than information relating to criminal offences.

### PLEASE COMPLETE THIS FORM IN TYPE OR BLOCK CAPITALS.

Surname		(Mr/Mrs/Ms/Miss)	
Forename(s)			
Date of Birth		Place of Birth	
National Insurance No.			
Address (including full post code)			
How long have you lived at this address? FROM: MM/ YYYY TO: MM/YYYY			
If less than five years, please list all previous addresses during that time – use another sheet if necessary			
How long have you lived at this address? FROM: MM/ YYYY TO: MM/YYYY			
Mobile Number		Telephone	
<b>E-mail</b>			
<b>NOTE:</b>			
<b>Your email is required to setup an online training account &amp; for all communications</b>			
Is the Matron/Chaperone position paid or voluntary? <b>(tick the appropriate box)</b>		<b>Paid</b>	<b>Voluntary</b>
Have you ever been approved as a Matron/Chaperone?			<b>Yes/No</b>
Present Employer			
Address			
Type of Work/ Position			
Professional Qualifications			
Are you a registered Child Minder or Foster Carer?			<b>Yes/No</b>
If YES to either of these questions, please give the name and address of the approving authority.			
Do you have a current First Aid qualification?			<b>Yes/No</b>
Do you have a valid Driving Licence?			<b>Yes/No</b>
Does your car insurance allow you to carry passengers whilst you are employed as a Matron/Chaperone?			<b>Yes/No</b>

Are you registered disabled? If YES, please give your registration number.	<b>Yes/No</b>
Do you have any health condition that might have a bearing on your application? If YES, please give details	<b>Yes/No</b>
Please give details, on a separate sheet, of any other relevant work experience (e.g. teaching, social work, youth work, child minding, nanny, play groups, nursery nursing or if you have acted in a voluntary capacity such as cubs or brownies).  Please also state anything else that you would wish to add in support of this application.	
Have you read and retained a copy of the Chaperone leaflet? (available to download from the website) <b>Yes/No</b>	
<b>Name of the first production you wish to act as a chaperone for:</b> Location: _____ Dates of production: _____ Name & contact details of production company: _____	
Please provide: <ul style="list-style-type: none"> <li>• 2 references clearly showing the details requested below.</li> </ul> <p style="margin-left: 20px;"><b>At least one of the people named should be your present or previous employer (within the last two years). If unemployed during this period, one should know you in a professional capacity; please state what capacity the person is known to you.</b></p> <p style="margin-left: 40px;"><b><i>DO NOT USE FAMILY MEMBERS AS REFEREES.</i></b></p>	

**NOTE:** If you are registered with Disclosure & Barring Service (DBS) update service then tick this box.   
 If you are not registered with the update service then a full (DBS) check is required even if you hold a valid DBS clearance for your current job/role).

<b>DECLARATION TO BE SIGNED BY THE APPLICANT</b>	
I hereby declare that the above information is true, to the best of my knowledge. I understand that I would be liable to prosecution or the licence to be revoked if I wilfully stated in it anything that I knew to be false or did not believe to be true.	
<b>Signed</b>	<b>Date</b>

You can e-mail this form or this can be returned, together with  
 2 passport sized photographs (with your name on the back of both) and accompanying references to:-

**Chaperone Applications, Licensing Service,  
 Block C Staniforth Road Depot, Staniforth Road,  
 Sheffield, S9 3HD**

**PRIVATE AND CONFIDENTIAL**

**REFERENCE FORM  
FOR  
CHAPERONE**



<b>NAME OF APPLICANT</b>	
<b>NAME OF REFEREE</b>	
<b>POSITION</b>	
<b>ADDRESS</b>	
<b>TELEPHONE NUMBER</b>	
<b>EMAIL ADDRESS</b>	

- 1. How long have you known this person and in what capacity e.g. work colleague, friend, manager and supervisor?**
  
- 2. Please give your assessment as to the applicant's suitability to care for children within the performance industry? Continue overleaf if necessary.**
  
- 3. The position for which this person is being considered gives access to children and young people and also may involve the possession of sensitive information. Is there any reason why this person should not undertake these responsibilities? (Remember this position is exempt from the provisions of the Rehabilitation of Offenders Act 1974 with regard to 'spent' convictions).**

**Signed**..... **Date** .....

**General Data Protection Regulation (GDPR) (EU) 2016/679**

The information given above will be used solely for the purpose for which it was given. It will be held confidentially and destroyed when no longer required.

Please return to:

**CHAPERONE APPLICATIONS, LICENSING SERVICE,  
BLOCK C STANIFORTH ROAD DEPOT, STANIFORTH ROAD,  
SHEFFIELD, S9 3HD.**

E-mail: [childpermits&licences@sheffield.gov.uk](mailto:childpermits&licences@sheffield.gov.uk).

Tel: 0114 2734264

**PRIVATE AND CONFIDENTIAL**

**REFERENCE FORM  
FOR  
CHAPERONE**



<b>NAME OF APPLICANT</b>	
<b>NAME OF REFEREE</b>	
<b>POSITION</b>	
<b>ADDRESS</b>	
<b>TELEPHONE NUMBER</b>	
<b>EMAIL ADDRESS</b>	

4. **How long have you known this person and in what capacity e.g. work colleague, friend, manager and supervisor?**
  
5. **Please give your assessment as to the applicant's suitability to care for children within the performance industry? Continue overleaf if necessary.**
  
6. **The position for which this person is being considered gives access to children and young people and also may involve the possession of sensitive information. Is there any reason why this person should not undertake these responsibilities? (Remember this position is exempt from the provisions of the Rehabilitation of Offenders Act 1974 with regard to 'spent' convictions).**

**Signed**..... **Date** .....

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## **Privacy Notice – Chaperones**

Sheffield City Council's Licensing Team processes personal data to issue Chaperone Licences (to adults). The purpose of these licences is to safeguard children in employment, entertainment, paid sport or modelling, and the Licensing Team will inspect and monitor the use of the licences and investigate concerns.

### **What data we collect**

The personal data we need for Chaperone Licences:

- name, addresses, DOB, place of birth and National Insurance Number
- telephone number and email address
- employment details
- health and disability status
- portrait photographs
- names, addresses and contact details of personal referees
- Disclosure and Barring Service Checks

We process this personal data in accordance with our legal obligations, in particular the Children and Young Persons Act 1933 and 1963, the Children (Performances and Activities) (England) Regulations 2014, the Management of Health and Safety at Work 1992, the Children Act 1989 and the Education Act 1996.

For the purpose of the General Data Protection Regulations, personal data is processed under Article 6(1)© for legal reasons, and Article 9(2)(g) for substantial public interests in employment, social security and social protection.

### **How we share your information**

Chaperone information such as name, chaperone number and expiry date and Local Authority to which they are registered is shared with production companies and other Local Authorities.

Inspection reports are shared with the Local Authority where the child/children reside and the applicant responsible for the production only. Under a Performance Licence this will include name of child and DOB and Local Authority that issued the Performance Licence and details of chaperones (their name, Issuing authority and expiry date).

We will share personal information with law enforcement or other authorities if required to do so by applicable law.

### **How long your information will be kept**

We create a case file for each licence application and records for inspections and investigations. Chaperone Licences are kept for 10 years from last contact (successful or unsuccessful).

## **What are your rights**

You have rights under Data Protection law. For further details about your rights, the contact details of our Data Protection Officer and your rights to make a complaint please see our Data Protection web page:

<https://www.sheffield.gov.uk/privacy>

If you do not have access to the internet, please contact us and we will be able to provide paper versions of the information you require.

I have read and understood the information provided in this form and understand my personal information will be used in the processing of my application and/or request.

**Name:**

**Signature:**

**Date:**